



## Complete Summary

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### GUIDELINE TITLE

Summary of policy recommendations for periodic health examinations.

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Family Physicians. Summary of policy recommendations for periodic health examinations. Leawood (KS): American Academy of Family Physicians; 2003 Aug. 13 p.

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
QUALIFYING STATEMENTS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

General health

### GUIDELINE CATEGORY

Counseling  
Prevention  
Screening

### CLINICAL SPECIALTY

Family Practice  
Internal Medicine  
Obstetrics and Gynecology  
Pediatrics

### INTENDED USERS

Physicians

## GUIDELINE OBJECTIVE(S)

To provide recommendations that should be offered (Strongly Recommended and Recommended), those that should not be done (Recommend Against), those interventions considered an option (No Recommendation Either For or Against) and those with Insufficient Evidence to Recommend Either For or Against for the periodic health examination (PHE)

## TARGET POPULATION

- General Population: Those persons who are asymptomatic and not known to be at any increased risk except based on their gender, age, or for specific parameters that apply to substantial groups within the general population.
- Specific Populations: Those persons whose health behaviors, living environment, medical history, or other factors other than gender or age place them at high risk.
- Groups Excluded: Patients who have signs and/or symptoms relating to a particular condition

## INTERVENTIONS AND PRACTICES CONSIDERED

Periodic Health Examination (PHE), including screening and/or counseling or immunization:

1. Counsel parents and patients more than 2 years old regarding accidental injury prevention
2. Counsel adults who are problem drinkers regarding risk of automobile accidents
3. Screen for asymptomatic bacteriuria (Note: Considered but not recommended)
4. Screen for bacterial vaginosis in pregnant women (Note: Considered but not recommended)
5. Screen for bladder cancer with urinalysis (Note: Considered but not recommended)
6. Counsel and screen women 40 years and older for breast cancer with mammography and
7. Counsel parents of infants regarding breastfeeding
8. Screen adults and children for cardiac disease with electrocardiogram (ECG) (Note: Considered but not recommended)
9. Screen women for cervical cancer with pap smear (Note: Guideline developers considered but did not recommend primary screening with human papillomavirus testing)
10. Screen specified populations for chlamydia
11. Screen for colorectal cancer with fecal occult blood test (FOBT), sigmoidoscopy, colonoscopy in specified populations
12. Screen for congenital rubella syndrome by history, serology, or vaccination in women of childbearing potential
13. Counsel adults at risk for coronary heart disease regarding aspirin prophylaxis
14. Provide fluoride supplementation to prevent dental caries in specified populations
15. Screen for depression in specified population
16. Screen for diabetes, Type 2 in specified populations

17. Immunize children and adults for diphtheria
18. Screen for genital herpes simplex virus infection (culture, serology) (Note: Considered but not recommended)
19. Ocular prophylaxis in neonates for gonococcal or chlamydial infection
20. Screen for gonorrhea in specified populations
21. Immunize for H. Influenza type b disease in specified population
22. Screen and counsel regarding hearing difficulties in specified population
23. Screen for hearing loss sensorineural (SNHL) in newborns (Note: Considered but not recommended)
24. Screen for hemoglobinopathies, phenylketonuria (PKU) and thyroid function tests in neonates
25. Immunize for hepatitis A in specified populations
26. Immunize for hepatitis B in specified populations
27. Screen for human immunodeficiency virus (HIV) infection in specified populations
28. Counsel peri-menopausal women regarding hormone replacement therapy
29. Screen adults for hypertension
30. Immunize for influenza in identified populations
31. Screen for insulin dependent diabetes mellitus (Note: Considered but not recommended)
32. Screen for iron deficiency anemia in specified populations
33. Screen for lead poisoning in specified infants
34. Screen for lipid disorders with fasting lipid profile or nonfasting total cholesterol and high-density lipoprotein (HDL) cholesterol screening in specified populations
35. Screen for lung cancer with x-ray and/or sputum cytology (Note: Considered but not recommended)
36. Immunize children for measles
37. Immunize specified adolescents and adults for measles, mumps, rubella
38. Immunize children for mumps
39. Immunize for meningococcus, Stereotypes A and C (Note: Considered but not recommended)
40. Folic acid supplementation in specified female population to prevent neural tube defects
41. Screen and counsel for obesity
42. Screen for osteoporosis in specified populations
43. Screen for ovarian cancer using ultrasound, serum tumor markers (Note: Considered but not recommended)
44. Screen for pancreatic cancer using ultrasound, serological markers (Note: Considered but not recommended)
45. Screen for peripheral arterial disease with Doppler, duplex ultrasound or other vascular laboratory test) (Note: Considered but not recommended)
46. Immunize children for pertussis
47. Screen neonates for phenylketonuria
48. Counsel children, adolescents, and adults regarding importance of physical activity
49. Immunize specified populations for pneumococcal disease
50. Immunize children for poliomyelitis
51. Counsel adults with specified risks factors regarding healthy diet
52. Screen for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE) (Note: Considered but not recommended)
53. Immunize children for rubella
54. Counsel parents with children in the house regarding second hand smoke

55. Counsel adolescents and adults regarding prevention of sexually transmitted diseases
56. Screen for skin cancer (Note: Considered but not recommended)
57. Screen specified populations for syphilis with Venereal Disease Research Laboratory (VDRL), rapid plasma regain (RPR)
58. Immunize for tetanus
59. Screen for thyroid cancer using ultrasound (Note: Considered but not recommended)
60. Screen for thyroid disease using thyroid function test (Note: Considered but not recommended)
61. Screen neonates for thyroid function abnormalities
62. Counsel regarding tobacco users, children, adolescents, and young adults tobacco use, complications
63. Screen specified individuals for tuberculosis using the Mantoux test
64. Screen for vaginal cancer (Note: Considered but not recommended)
65. Immunize specified populations for varicella
66. Screen elderly adults for visual difficulties by using Snellen acuity testing

#### MAJOR OUTCOMES CONSIDERED

Not stated

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Balance Sheets

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Recommendations for Periodic Health Examinations (RPHE) were developed starting with the rigorous analysis of the scientific knowledge available as presented by the U.S. Preventive Services Task Force. Some consideration of overall cost and patient preferences was included in the development of RPHE. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated, however the Working Group on Periodic Health Examinations, the Commission on Clinical Policies and Research, and the American Academy of Family Physicians (AAFP) Board of Directors served as surrogates. These factors, along with the magnitude of net benefit relative to harm, are captured in the recommendation ratings (see the "Rating Scheme for the Strength of the Recommendations" field).

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

The strength of the recommendation for or against a preventive intervention was graded as follows:

**Strongly Recommend:** Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

**Recommend:** Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

**No Recommendation Either For or Against:** Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

**Recommend Against:** Good or fair evidence which demonstrates no net benefit over harm.

**Insufficient Evidence to Recommend Either For or Against:** No evidence of even fair quality exists or the existing evidence is conflicting.

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The American Academy of Family Physicians (AAFP) Summary of Policy Recommendations for Periodic Health Examinations (RPHE) was approved by the Board of Directors in August 1996. Further revision of the RPHE was approved by the Board in November 1996 (Rev. 1), July 1997 (Rev. 2), March 1999 (Rev. 3), July 2000 (Rev. 4), August 2001 (Rev. 5), July 2002 (Rev. 5.2), August 2002 (Rev. 5.3) and August 2003 (Rev 5.4).

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The rating scheme for the strength of the recommendation for or against a preventive intervention follows the Major Recommendations.

#### Summary of Recommendations for Periodic Health Examinations

##### Accidental Injury

The American Academy of Family Physicians (AAFP) recommends counseling all parents and patients more than 2 years old regarding accidental injury prevention including, as appropriate: child safety seats lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center number, and driving while intoxicated

##### Automobile Accidents

The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents

##### Bacteriuria, Asymptomatic

The AAFP recommends against the use of urinalysis (microscopic or dipstick) for screening for bacteriuria in asymptomatic males

The AAFP recommends against the use of urinalysis (microscopic or dipstick) for screening for bacteriuria in asymptomatic females, except for two groups, those who are noninstitutionalized elderly and those who have diabetes, for whom there is insufficient evidence to recommend for or against routine screening

##### Bacterial Vaginosis

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening for bacterial vaginosis in high-

risk pregnant women

(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2))

The AAFP recommends against the use of routine screening for bacterial vaginosis in average-risk asymptomatic pregnant women

(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2))

## Bladder Cancer

The AAFP recommends against the use of urinalysis (microscopic or dipstick) for screening for bladder cancer in asymptomatic persons

## Breast Cancer

The AAFP recommends women age 40 years and older be screened for breast cancer with mammography every 1-2 years after counseling by their family physician regarding the potential risks and benefits of the procedure

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm#consideration](http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm#consideration))

## Breastfeeding

The AAFP strongly recommends counseling parents of infants to promote breastfeeding through at least 6 months of age

## Cardiac Disease

The AAFP recommends against the use of routine electrocardiogram (ECG) as part of a periodic health or preparticipation physical exam for cardiac disease in asymptomatic children and adults

## Cervical Cancer

The AAFP concludes that there is insufficient evidence to recommend for or against routine use of new technologies to screen for cervical cancer

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical))

The AAFP concludes that there is insufficient evidence to recommend for or against routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical))

The AAFP strongly recommends that a Pap smear be completed at least every 3 years to screen for cervical cancer for women who have ever had sex and have a cervix

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical))

## Chlamydia

The AAFP strongly recommends screening all sexually active females age 25 years or younger and other women at increased risk for chlamydia  
(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2))

The AAFP makes no recommendation either for or against screening asymptomatic pregnant women age 26 years or older at low risk for chlamydia  
(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2))

The AAFP concludes that there is insufficient evidence to recommend for or against routine screening of asymptomatic men for chlamydial infection  
(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2))

The AAFP recommends screening all asymptomatic pregnant females age 25 years or younger and other women at increased risk for chlamydia infection  
(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2))

### Colorectal Cancer

The AAFP recommends screening persons at higher risk for colorectal cancer (e.g. those with first-degree relative who is diagnosed with colorectal cancer before 60 years of age) with complete colonoscopy at an earlier age  
(Clinical Consideration: [www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical))

The AAFP strongly recommends screening adults age 50 and older for colorectal cancer with fecal occult blood test (FOBT) (annually), sigmoidoscopy or colonoscopy  
(Clinical Considerations: [www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical))

### Congenital Rubella Syndrome

The AAFP recommends screening for congenital rubella syndrome by assuring rubella immunity by history, serology, or vaccination in women of childbearing potential

### Coronary Heart Disease

The AAFP strongly recommends counseling adults at increased risk for coronary heart disease regarding the benefits and risks of aspirin prophylaxis

### Dental Caries

The AAFP strongly recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm)

### Depression



The AAFP recommends screening adults for depression

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical))

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening of children or adolescents for depression

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical))

## Diabetes, Type 2

The AAFP recommends screening for type 2 diabetes in adults with hypertension or hyperlipidemia

(Clinical Consideration:

[www.ahrq.gov/clinic/3rduspstf/diabscr/diabetrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/diabscr/diabetrr.htm#clinical))

The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for gestational diabetes in asymptomatic pregnant women

(Clinical Consideration: [www.ahrq.gov/clinic/3rduspstf/gdm/gdmrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/gdm/gdmrr.htm#clinical))

## Diphtheria

The AAFP strongly recommends immunizing all children for diphtheria using AAFP recommendations unless contraindicated

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing adults for diphtheria by completing Td vaccine series if they haven't received primary series. Boosters every 10 years or at least at age 50

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

## Genital Herpes Simplex Virus Infection

The AAFP recommends against screening for genital herpes simplex virus infection with culture, serology, or other tests in asymptomatic persons

## Gonococcal or Chlamydial Infection in Neonates

The AAFP strongly recommends ordering ocular prophylaxis for neonates for gonococcal or chlamydial infection

## Gonorrhea

The AAFP recommends screening females at high risk for gonorrhea (those with new or multiple sexual partners in the past 12 months; persons with other sexually transmitted infections, including HIV; and sexual contacts of persons with gonorrhea or chlamydia)

The AAFP recommends screening pregnant women at high risk for gonorrhea (those with new or multiple sexual partners in the past 12 months; persons with other sexually transmitted infections, including HIV; and sexual contacts of persons with gonorrhea or chlamydia)

#### H. Influenza Type b Disease

The AAFP strongly recommends immunizing all children for H. Influenza type b disease using AAFP recommendations unless contraindicated  
Recommended Childhood and Adolescent Immunization Schedule:  
[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

#### Hearing Difficulties

The AAFP recommends screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate

#### Hearing Loss Sensorineural (SNHL)

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening of newborns for hearing loss during the postpartum hospitalization period  
(Clinical Consideration:  
[www.ahrq.gov/clinic/3rduspstf/newbornscreen/newhearr.htm#section2](http://www.ahrq.gov/clinic/3rduspstf/newbornscreen/newhearr.htm#section2))

#### Hemoglobinopathies

The AAFP strongly recommends ordering screening tests for phenylketonuria (PKU), hemoglobinopathies, and thyroid function abnormalities in neonates

#### Hepatitis A

The AAFP recommends immunizing adults for hepatitis A who live, work or travel in areas where Hepatitis A is endemic and periodic and periodic outbreaks occur, or users of injection or street drugs, military personnel, men who have sex with men, and institutionalized persons and those working in those institutions  
Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP strongly recommends immunizing children for Hepatitis A who are more than 2 years of age and all adolescents who are living in, traveling to, or working in areas where hepatitis A is endemic and periodic outbreaks occur. Immunize using AAFP recommendations  
Recommended Childhood and Adolescent Immunization Schedule:  
[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

#### Hepatitis B

The AAFP strongly recommends immunizing infants and children who are unimmunized at age 11-12 for Hepatitis B using AAFP recommendations

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing persons for Hepatitis B who are injection drug users and their sexual partners, have a history of multiple sexual partners in a previous 6 months, have recently acquired a sexually transmitted disease, recipients of certain drug products, have a health related job with frequent exposure to blood or blood products, travelers to countries where hepatitis B virus (HBV) is of high or intermediate endemicity, or who are men who have sex with men. Complete primary series

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP recommends immunizing for hepatitis B unimmunized person's age 12-24 years with no reliable history of hepatitis B infection or previous immunization. Discuss immunization using AAFP recommendations

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

## HIV Infection

The AAFP strongly recommends screening for HIV infection in men who had sex with men after 1975, past or present injection drug users, persons who exchange sex for money or drugs and their sex partners, those with current or past sex partners who were injection drug users, bisexual or HIV positive, and persons seeking treatment for sexually transmitted diseases (STD's)

## HIV

The AAFP recommends screening for HIV infection in infants born to high risk mothers whose HIV status is unknown (high risk includes past or present injection drug use, exchange of sex for money or drugs, seeking treatment for STD's or whose sex partner is HIV positive, injection drug using, bisexual, or exchanged sex for money or drugs)

## Hormone Replacement Therapy

The AAFP strongly recommends to counsel all peri-menopausal women regarding the individualized short-and long-term benefits and risks of post-menopausal hormone replacement therapy

(Clinical Considerations: [www.ahrq.gov/clinic/3rduspstf/hrt/hrtrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/hrt/hrtrr.htm#clinical))

## Hypertension

The AAFP strongly recommends screening for hypertension by measuring blood pressure periodically in all patients more than 21 years of age

## Influenza

The AAFP recommends immunizing children and adolescents age 6 months or older for influenza who are residents of chronic care facilities, or who have chronic cardiopulmonary disorders, metabolic disease including diabetes mellitus,

hemoglobinopathies, immunosuppression, or renal dysfunction for influenza. Discuss immunizing annually using AAFP recommendations  
Recommended Childhood and Adolescent Immunization Schedule:  
[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP recommends immunizing adults for influenza who are residents of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic disease (including diabetes mellitus), hemoglobinopathies, immunosuppression, renal dysfunction, or are health care providers for the above. Discuss immunization annually using AAFP recommendations  
Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP recommends immunizing all persons age 50 years and older for influenza. Discuss immunization annually using AAFP recommendations  
Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

### Insulin Dependent Diabetes Mellitus

The AAFP recommends against the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons

### Iron Deficiency Anemia

The AAFP recommends screening for iron deficiency anemia in infants ages 6-12 months who are living in poverty, black, Native American, or Alaska Native, immigrants from developing countries, preterm and low birth weight infants, and infants whose principal dietary intake is unfortified cow's milk by obtaining hemoglobin and/or hematocrit levels

### Lead Poisoning

The AAFP recommends screening for lead poisoning in infants at 12 months of age who live in communities in which the prevalence of lead levels requiring intervention is high or undefined, or live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling, or have close contact with a person who has an elevated lead level, or live near lead industry or heavy traffic, or live with someone whose job or hobby involves lead exposure, or uses lead based pottery, takes traditional remedies that contain lead by determining lead levels

### Lipid Disorders

The AAFP strongly recommends screening for lipid disorders with either a fasting lipid profile or nonfasting total cholesterol and high-density lipoprotein (HDL) cholesterol in males age 35 and older, and females age 45 and older  
(Clinical Considerations: [www.ahrq.gov/clinic/ajpmsuppl/lipidrr.htm#section2](http://www.ahrq.gov/clinic/ajpmsuppl/lipidrr.htm#section2))

### Lung Cancer

The AAFP recommends against the use of chest x-ray and/or sputum cytology in asymptomatic persons for lung cancer screening

## Measles

The AAFP strongly recommends immunizing all children for measles using AAFP recommendations unless contraindicated

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

## Measles, Mumps, Rubella

The AAFP strongly recommends immunizing all persons born after 1956 who lack evidence of immunity to measles (receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles) with a single dose for measles, mumps, rubella

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP strongly recommends immunizing adolescents and young adults in settings where such individuals congregate (e.g., high schools, technical schools, and colleges), if they have not previously received a second dose for measles, mumps, rubella. Give second dose at least 1 month after first dose

Recommended Adult Immunization Schedule: [www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

## Mumps

The AAFP strongly recommends immunizing all children for mumps using AAFP recommendations unless contraindicated

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

## Meningococcus, Stereotypes A and C

The AAFP makes no recommendation either for or against meningococcal immunization in young adults and college students. Physicians need not initiate discussion of meningococcal quadravalent polysaccharide vaccine as part of routine medical care, given the large number of issues that are of greater importance in the care of young adults. Colleges, through their students health service, may provide education on meningococcal infection and vaccination and offer it to those who are interested

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

## Neural Tube Defects

The AAFP strongly recommends prescribing 0.4-0.8 mg/day of folic acid supplementation from a least 1 month prior to conception through the first trimester of pregnancy to women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect

The AAFP recommends prescribing 0.4 mg folate supplementation to women not planning a pregnancy but of childbearing potential who have not previously had a baby with a neural tube defect

The AAFP strongly recommends prescribing 4 mg/day of folic acid supplementation from 1-3 months prior to conception through the first trimester of pregnancy to women who are planning a pregnancy and had a previous pregnancy affected by a neural tube defect

## Obesity

The AAFP recommends screening for obesity by measuring height and weight periodically for all patients

The AAFP recommends that all patients more than 2 years old be counseled to maintain caloric balance to prevent obesity

## Osteoporosis

The AAFP recommends routinely screening women aged 65 and older for osteoporosis

(Clinical Considerations:

[www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration](http://www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration))

The AAFP recommends routinely screening women aged 60 and older at increased risk for osteoporotic fractures

(Clinical Considerations;

[www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration](http://www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration))

The AAFP recommends counseling females age 11 and older to maintain adequate calcium intake prevent osteoporosis

## Ovarian Cancer

The AAFP recommends against the use of ultrasound of the pelvis, and/or serum tumor markers in women without a family history of frequent ovarian cancer. For this latter group, there is insufficient evidence to recommend for or against routine screening

## Pancreatic Cancer

The AAFP recommends against the use of ultrasound and/or serological markers in asymptomatic persons for pancreatic cancer

## Peripheral Arterial Disease

The AAFP recommends against the use of Doppler or duplex ultrasound or other vascular laboratory test in asymptomatic persons for peripheral arterial disease

## Pertussis

The AAFP strongly recommends immunizing all children for pertussis using AAFP recommendations unless contraindicated

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

## Phenylketonuria

The AAFP strongly recommends ordering screening test for Phenylketonuria in neonates

## Physical Activity

The AAFP recommends counseling all children, adolescents, and adults to engage in regular physical activity to prevent coronary artery disease, hypertension, obesity and diabetes

## Pneumococcal Disease

The AAFP strongly recommends immunizing all children less than 24 months for pneumococcal disease using pneumococcal conjugate vaccine  
Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

Notice from the National Guideline Clearinghouse (NGC) and the American Academy of Family Physicians (AAFP): On March 2, 2004, the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), issued temporary recommendations to suspend routine use of both the third and fourth doses of pneumococcal conjugate vaccine (PCV7; Prevnar®). Children at increased risk of severe disease should continue to receive the full, routine, four-dose series. The recommendations were issued in response to a low vaccine supply. For more information, refer to the [AAFP Web site](#).

The AAFP strongly recommends immunizing healthy children living where pneumococcal disease is endemic using AAFP recommendations  
Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing children less than 60 months with sickle cell, HIV, functional or anatomic asplenia, immunocompromising conditions, and chronic illness, and children who are African Americans, Alaskan Natives and American Indians using pneumococcal conjugate vaccine  
Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP recommends immunizing children and adolescents with chronic cardiac or pulmonary disease, diabetes mellitus, or anatomic asplenia or who live in special environments or social settings with an identified increased risk of pneumococcal disease. Discuss immunizing using AAFP recommendation  
Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP recommends immunizing institutionalized adults (age 50 years or older) or any adult with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia, or who live in special environments or social settings with an increased risk of pneumococcal disease (e.g., certain Native American or Native

Alaskan populations). Discuss immunization using AAFP recommendations  
Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP recommends immunizing adults age 65 years or older for pneumococcal disease. Discuss immunization using AAFP recommendations  
Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP makes no recommendation either for or against pneumococcal conjugate immunization in children aged 24-59 months including those children who attend childcare settings and children who had frequent or complicated acute otitis media in the previous year. As a practice option, discuss pneumococcal conjugate immunization  
Recommended Childhood and Adolescent Immunization Schedule:  
[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

### Poliomyelitis

The AAFP strongly recommends immunizing all children for poliomyelitis using AAFP recommendations unless contraindicated  
Recommended Childhood and Adolescent Immunization Schedule:  
[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

### Promote a Healthy Diet

The AAFP recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists (Clinical Considerations: [www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm#clinical))

### Prostate Cancer

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE) (Clinical Consideration:  
[www.ahrq.gov/clinic/3rduspstf/prostatescr/prostaterr.htm#clinical](http://www.ahrq.gov/clinic/3rduspstf/prostatescr/prostaterr.htm#clinical))

### Rubella

The AAFP strongly recommends immunizing all children for rubella using AAFP recommendation unless contraindicated  
Recommended Childhood and Adolescent Immunization Schedule:  
[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

### Second Hand Smoke

The AAFP strongly recommends to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health

### Sexually Transmitted Diseases



The AAFP recommends counseling adolescents and adults regarding the risks for sexually transmitted diseases and how to prevent them

#### Skin Cancer

The AAFP concludes there is insufficient evidence on which to make a recommendation for or against routine screening for skin cancer in asymptomatic persons

#### Syphilis

The AAFP strongly recommends screening for syphilis in pregnant women, persons who exchange sex for money or drugs, persons with other STDs, sexual contacts of persons with syphilis by ordering Venereal Disease Research Laboratory (VDRL) test or rapid plasma reagin (RPR) (sexual contacts of persons with syphilis should be treated regardless of screening results)

#### Tetanus

The AAFP strongly recommends immunizing all children for tetanus using AAFP recommendation unless contraindicated

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing adults for tetanus by completing the Td vaccine series if primary series hasn't been received. Boosters should be given every 10 years or at least at age 50

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

#### Thyroid Cancer

The AAFP recommends against the use of ultrasound screening for thyroid cancer in asymptomatic persons

#### Thyroid Disease

The AAFP recommends against the use of thyroid function test for screening for thyroid disease in patients less than 60 years old and not neonates

#### Thyroid Function Abnormalities

The AAFP strongly recommends ordering screening test for thyroid function abnormalities in neonates.

#### Tobacco Use, Complications

The AAFP strongly recommends to counsel patients desiring to quit smoking regarding the use of pharmacotherapy as an adjunct for smoking cessation

The AAFP strongly recommends counseling all tobacco users regarding the complications of tobacco use to encourage tobacco cessation on a regular basis to all tobacco users

The AAFP recommends counseling children, adolescents, and young adults regarding the risk of tobacco use and its complications

#### Tuberculosis

The AAFP strongly recommends screening for tuberculosis by applying the Mantoux test to patients at high risk for tuberculosis, including those with close contacts to person with known or suspected tuberculosis (TB), health care workers, immigrants from countries with high TB prevalence, HIV positive individuals, alcoholics, injection drug users, residents of long term care facilities, and medically underserved low income people

#### Vaginal Cancer

The AAFP recommends against screening for vaginal cancer with the use of pap smears in women who have had hysterectomies for reasons other than cancer

#### Varicella

The AAFP strongly recommends immunizing healthy infants age 12-18 months for varicella using AAFP recommendation

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing for varicella unimmunized children and adolescents with no reliable history of varicella infection or previous immunization and to; consider serologic testing instead of immediate immunization in history negative adolescents if able to comply if return visit needed using AAFP recommendations

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing children and adolescents for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations

Recommended Childhood and Adolescent Immunization Schedule:

[www.aafp.org/x1563.xml](http://www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing adults for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

The AAFP recommends immunizing adults for varicella with no history of varicella or previous vaccination. Discuss immunization using AAFP recommendations

Recommended Adult Immunization Schedule: [www.aafp.org/x14956.xml](http://www.aafp.org/x14956.xml)

## Visual Difficulties

The AAFP recommends screening for visual difficulties in children age 3-4 years for amblyopia and strabismus

The AAFP recommends screening for visual difficulties in elderly adults by performing Snellen acuity testing

### Definitions:

The strength of the recommendation for or against a preventive intervention was graded as follows:

**Strongly Recommend:** Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

**Recommend:** Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

**No Recommendation Either For or Against:** Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

**Recommend Against:** Good or fair evidence which demonstrates no net benefit over harm.

**Insufficient Evidence to Recommend Either For or Against:** No evidence of even fair quality exists or the existing evidence is conflicting.

### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are based on review of scientific knowledge presented by the United States Preventive Services Task Force (USPSTF) in the "Guide to Clinical Preventive Services," 2nd ed. Baltimore (MD): Williams & Wilkins, 1996 and ongoing releases of evidence reports and recommendations from the 3rd edition.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Health maintenance and disease prevention

## POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

- These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.
- The Recommendations for Periodic Health Examination were developed with some consideration of overall cost and patient preferences. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated, however, the Working Group on Periodic Health Examinations, the Commission on Clinical Policies and Research, and the American Academy of Family Physicians (AAFP) Board of Directors served as surrogates.
- The recommendations are for screening only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition. The Commission on Clinical Policies and Research is now beginning to make recommendations for women who are pregnant.
- Recommendations were developed with some consideration of overall cost and patient preferences. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

The Put Prevention into Family Practice project developed by the American Academy of Family Physicians (AAFP) in cooperation with the U.S. Department of Health and Human Services (DHHS).

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Family Physicians. Summary of policy recommendations for periodic health examinations. Leawood (KS): American Academy of Family Physicians; 2003 Aug. 13 p.

### ADAPTATION

The starting point for the recommendations is the rigorous analysis of the scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF) in their "Guide to Clinical Preventive Services," 2nd ed. Baltimore (MD): Williams & Wilkins, 1996, and ongoing releases of evidence reports and recommendations from the 3rd edition.

### DATE RELEASED

1996 Nov (revised 2003 Aug)

### GUIDELINE DEVELOPER(S)

American Academy of Family Physicians - Medical Specialty Society

### SOURCE(S) OF FUNDING

American Academy of Family Physicians (AAFP)

### GUIDELINE COMMITTEE

Commission on Clinical Policies and Research

Working Group on Periodic Health Examinations

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

### GUIDELINE STATUS

This is the current release of the guideline.

The American Academy of Family Physicians (AAFP) "Summary of Policy Recommendations for Periodic Health Examinations (RPHE)" originated in the Commission on Clinical Policies and Research and was approved by the AAFP Board of Directors in August 1996. Further revision of the RPHE was approved by the Board in November 1996 (Rev. 1), July 1997 (Rev. 2), March 1999 (Rev. 3), July 2000 (Rev. 4), August 2001 (Rev. 5), July 2002 (Rev. 5.2), August 2002 (Rev. 5.3) and August 2003 (Rev 5.4).

#### GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Family Physicians \(AAFP\) Web site](#).

Print copies: Available from the American Academy of Family Physicians order department, 11400 Tomahawk Creek Parkway, Leawood, KS 66211. Telephone: (800) 944-0000; item number 962.

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This summary was completed by ECRI on June 30, 1998. The information was verified by the guideline developer on December 1, 1998. The information was updated by ECRI on October 31, 2001, February 14, 2002, October 7, 2002, and January 13, 2004. The information was verified by the guideline developer on February 17, 2004.

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